U.S. Department of Labor Office of Labor-Management Standards Washington, CC 20210

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Rec'd 3522 X 3

FORM LM-30 ABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or could penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10384	2. Fiscal Year Covered From:
	01/191 / 2004 Through: 1/1 / 31 / 2004
3. Name and acdress of person filing.	Name, file number, and address of labor organization.
Name WALT V GRAHAM	Name INTL. Ass.: Bird St. Structural, DINAMENTAL RELATIONS I RON WORKERS Labor Organization File Number 043-027
P.O. Box, Bidg , Room No., if any	P.O. Box, Building and Room Number, if any
Street 1001 W.15th ST	Street 1001 W. 15th 97
City RIVIERA BEACH	City RIVIERA BEACH
State FL ZIP Code + 4 33 40 4	State FL ZIP Code + 4 33404

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest. Transaction, or Income.
Name	NA
Trade Name, if any:	V
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street	T.S. Talloute.
City	
State ZIP Code + 4	

Signature

15. Signature and vertification. The undersigned declares, under penalty of Perjury and other applicable paraities of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been exam need by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

signed Walt W The Hamm

8-15-05 561-842-765

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

C. Received from any employer (other than an employer covered under parts A and B above)

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	vely seeking to represent, of directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	I A
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, it any:	
P.O Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12 b. Amount

or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Du Laney & Company Trade Name, if any: P.O. Box, Bldg. Room No., if any Street /DG 91 No. KENDALL Dr., SWIE 3 1D City Mi. Ani State FL ZIP Code + 4 33/76	14.a. Nature of payment. 3/20/04- Vicianu HEAT VS. Philly THAT DU THEAT VS. Philly
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. 44.00